

Approved, SCAO

Original - Court  
1st copy - Michigan State Police CJIC  
2nd copy - Arresting agency

PROBATE OSM CODE: ROF  
3rd copy - Prosecutor  
4th copy - Defendant

**STATE OF MICHIGAN**

JUDICIAL DISTRICT  
JUDICIAL CIRCUIT  
COUNTY

**MOTION AND ORDER FOR RETURN OF  
FINGERPRINTS, ARREST CARD,  
AND DESCRIPTION**

**CASE NO.**

ORI  
MI-  
Police Report No.

Court address

Court telephone no.

☐ The State of Michigan  
THE PEOPLE OF ☐ \_\_\_\_\_  
\_\_\_\_\_

**v**

Defendant's/Juvenile's name, address, and telephone no.

CTN/TCN

SID

DOB

☐ Juvenile In the matter of \_\_\_\_\_

Count	CRIME	CHARGE CODE(S) MCL citation/PACC Code

**MOTION**

I, \_\_\_\_\_, state that on \_\_\_\_\_  
Name (type or print) Date

- ☐ I was found not guilty of all offense(s) charged in this case.  
☐ My case was dismissed without trial.

I have had a prior conviction. This is not a criminal sexual conduct case or a crime with or against a child under 16 years of age.

**I REQUEST** that the Michigan State Police provide me with a certification that the fingerprints, arrest card, and description were destroyed within 60 days of the above date, and if they were not, that the fingerprints, arrest card, and description be returned to me by the official holding the information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**ORDER**

**IT IS ORDERED:**

Under MCL 28.243 the State Police and arresting agency shall provide the defendant with a certification that the fingerprints, arrest card, and description were destroyed (if so) or immediately, without charge and without further demand, return to the defendant/juvenile the fingerprints, arrest card, and description taken or made in the above case.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Bar no.

Approved as to form on \_\_\_\_\_ by:  
Date

\_\_\_\_\_  
Prosecuting official Bar no.

\_\_\_\_\_  
Attorney for defendant/juvenile Bar no.

MCL 28.243, MCR 5.936(D)